## Certificate of Training

## U.S. Department of Labor Mine Safety and Health Administration



Approved OMB Number 1219-0070, Expires May 31, 1998. This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164. Serial Number (for operator's use) Issue Certificate Immediately **Upon Completion of Training** 1. Print Full Name of Person Trained (first, middle, last) 2. Check Type of Approved Training Received: Annual Newly Employed, Hazard Training Refresher **Experienced Miner** New Task Other (specify) Newly Employed, (specify below) Inexperienced Miner Date Task Initials Date Task Initials Studt Studt 3. Check Type of Operation and Related Industry: ☐ Shaft & Slope A. 

Surface ☐ Construction ☐ Underground B. 

Coal ☐ Nonmetal 4. Date Training Requirements Completed □ Check if not completed and go to item 5, below. → If completed, go to item 6, below. 5. Check Subjects Completed (use only for partially completed training): ☐ Roof/Ground Control ☐ Introduction to Work Environment ☐ Health & Ventilation ☐ Electrical Hazards ☐ Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading ☐ First Aid ☐ H&S Aspects of Tasks Assigned ☐ Cleanup; Rock Dusting ☐ Mine Gases ☐ Statutory Rights of Miners Explosives ☐ Self-Rescue & Respiratory Devices Safety Standards ☐ Prevention of Accidents Authority & Responsibility of Supervisors & Miners' ☐ Transport & Communication Systems ☐ Other (specify) Representatives 6. False certification is punishable under I certify that the above training has been completed section 110 (a) and (f) of the Federal Mine signature of person responsible for training) Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164). 7. Mine Name, ID, & Location of Training (if institution, give name & address) I verify that I have completed the above training 8. Date (signature of person trained)